FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
		JVAL					
OMB Number: 3235-007							
Expires: Estimated	April	30,2008					
Estimated	averag	e burden					
		se16.00					

SEC U	SE ONLY
Prefix	Serial
DATE F	RECEIVED
1	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
RCH2 2006 504 Private Placement	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	□ nroe
Type of Filing: New Filing Amendment	1 DARAH BANIL KARIF BANIK BARBA LANIL BANIK BAHBA BANI TARI
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	LUGUI DOM SARA KUNI NOON NOON SARA WAA NOON DOM
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	07048058
RCH2, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
	802-566-2224
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	Same
Same Brief Description of Business	
real estate development and investment, hard money and mezzanine financing, commodities	s investing
Type of Business Organization Imited partnership, already formed other (p	lease specify): PROCESSED
Corporation —	ility company
Month Year	MAR 2 8 2007
Actual or Estimated Date of Incorporation or Organization: 1014 016 Actual Estin	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	THOMSON
CN for Canada; FN for other foreign jurisdiction)	DID FINANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	A notice is deemed filed with the U.S. Securities elow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only reporthereto, the information requested in Part C, and any material changes from the information previously supplement be filed with the SEC.	rt the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim fo accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	r the exemption, a fee in the proper amount shall
ATTENTION	
Faiture to file notice in the appropriate states will not result in a loss of the federal ex	xemption. Conversely, failure to file the

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

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filing of a federal notice.

			A. BASIC IDE	NTIF	ICATION DATA				
 Enter the information rec Each promoter of th Each beneficial own Each executive offi Each general and m 	ne issuer, if the iss ner having the pow- cer and director of	uer has t er to vote l'corpora	e or dispose, or directed its issuers and of o	ect the	vote or disposition of ate general and mana	of, 10% aging	% or more of partners of	a class	<u> </u>
Check Box(es) that Apply:	Promoter	☑ Bo	eneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it Moore, Gerald									
Business or Residence Address 11650 S. State St., Ste. 3	ss (Number and 300, Draper, UT	Street, C 84020	City, State, Zip Co	dc)					
Check Box(es) that Apply:	Promoter		eneficial Owner	Ø	Executive Officer	Ø	Director	Ø	General and/or Managing Partner
Full Name (Last name first, i Hall, Casey									
Business or Residence Addre 11650 S. State St., Ste. 3			City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	SS (Number and	Street, 6	City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	В	teneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	if individual)		······································						
Business or Residence Addre	ess (Number and	Street,	City, State, Zip C	ode)					
Check Box(es) that Apply:	Promoter	E	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)	<u></u>							
Business or Residence Addre	ess (Number and	d Street,	City, State, Zip C	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Business or Residence Addr	ess (Number and	d Street,	City, State, Zip C	ode)		<u></u>			
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	C	Director	Г	General and/or Managing Partner
Full Name (Last name first,	if individual)	 						_	
Business or Residence Addr	ess (Number an	d Street,	City, State, Zip C	Code)					
	(I lee hi	lank shee	t. or copy and use	e addi	tional copies of this	sheet.	as necessar	-y)	

				B. 1	NFORMAT	ION ABOU	T OFFERI	NG				
1 Han sh	e icener col	d at does t	he icener i	ntend to se	ll to non-o	ccredited i	nvestors in	this offer	ine?		Yes	No
l. Has th	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									******	E.	ليا
2. What	16 11 10										\$ <u>25,</u>	000.00
2 D	he offering		t aumanahi	in of a sins	de unit?						Yes	Νo
	ne offering the informa										_	
comm If a per or stat	ission or sim rson to be lis es, list the na er or dealer	ilar remune sted is an ass ame of the b	ration for s sociated pe troker or de	solicitation erson or age caler. If me	of purchasent of a brok ore than five	ers in conne cer or deale e (5) persor	ection with or registered ns to be list	sales of sed d with the S ded are asso	curities in t SEC and/or	he offering. with a state		
Full Name N/A	(Last name	first, if ind	ividual)									
	r Residence	Address (N	lumber and	d Street, C	ity, State, Z	Lip Code)	<u>.</u>				<u></u>	
		· · · · · · · · · · · · · · · · · · ·								 	····-	
Name of A	ssociated B	roker or De	aler									
	hich Person											
(Chec	k "All State	s" or check	individua	States)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************				□ Al	1 States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)							· · · · · · · · · · · · · · · · · · ·		
Business of	r Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						····
Name of A	ssociated B	roker or De	aler						.,			
States in W	hich Persor	Listed Has	Solicited	or intends	to Solicit	Purchasers	 -			 		<u> </u>
(Checl	« "All State:	s" or check	individual	States)			•••••••••••		***************************************		□ Al	1 States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (N	Number an	d Street, C	City, State,	Zip Code)				······································		- ,
Name of A	ssociated B	roker or De	aler	<u></u>	. 		,,					
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	"All States									•••••	☐ Al	States
AL IL MT	AK IN NE SC	AZ IA NV	AR KS NH	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	MA ND	FL MI OH	GA MN OK	MS OR WY	ID MO PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
		1,000,000.00	s 946,000.00
	Debt	*	§ 0.00
	Equity	<u> </u>	<u> </u>
	Common Preferred	0.00	0.00 \$
	Convertible Securities (including warrants)	¢ 0.00	\$ 0.00
	Partnership Interests	0.00	\$ 0.00
	Other (Specify)	1,000,000.00	
	Total	J	. Ψ
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	4	\$ 660,000.00
	Non-accredited Investors		\$_286,000.00
	Total (for filings under Rule 504 only)		\$ 946,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	5 :	
		Type of	Dollar Amount
	Type of Offering	Security	Sold \$ 0.00
	Rule 505		\$ 0.00 \$ 0.00
	Regulation A		\$ 0.00 \$ 0.00
	Rule 504		\$ 0.00
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		0.00
	Transfer Agent's Fees		\$ 0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees		\$ 4,000.00
	Accounting Fees		\$ 2,000.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)		\$ 0.00
	Total		\$ 6,000.00

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND U	JSE OF PROCEEDS	
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — oproceeds to the issuer."	Question 4.a. This difference is the "adjust	ied gross	\$
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, turnish an estin the payments listed must equal the adjust	nate and	
	,		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ <u>10,000.00</u>	\$ 10,000.00
	Purchase of real estate		<u>0.00</u>	\$_2,000,000.00
	Purchase, rental or leasing and installation of mac	hinery	s_0.00	\$_0.00
	Construction or leasing of plant buildings and faci	lities	<u>s 0.00</u>	\$_0.00
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ue of securities involved in this ts or securities of another	<u>\$</u> 0.00	\$ 0.00
	Repayment of indebtedness	***************************************	<u> </u>	\$ 0.00
	Working capital			\$ 7,974,000.00
	Other (specify):			\$ 0.00
			\$_0.00	□ \$
	Column Totals		s 10,000.00	\$ 9,984,000.00
	Total Payments Listed (column totals added)			994,000.00
Г		D. FEDERAL SIGNATURE		
cia	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange	e Commission, upon with	ole 505, the following on request of its staff,
199	uer (Print or Type)	Signature	Date	
	CH2, LLC	I du on	09 March 2007	
_	me of Signer (Print or Type)	Title of Signer (Print or Type)	<u> </u>	
	raid R. Moore	Manager		

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		<u></u>
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No E

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
RCH2, LLC	Lewell n.	09 March 2007
Name (Print or Type)	Title (Print or Type)	
Gerald R. Moore	Manager	

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1	Intend to non-a investor	1 to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ								,	-
AR									
CA									
СО	,								
СТ									
DE		1						L	
DC							· · · · · · · · · · · · · · · · · · ·	1	
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LA		:							
ME					. · · · · · · · · · · · · · · · · · · ·				
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MI									
MN				, , , , , ,			· · · · · · · · · · · · · · · · · · ·		
MS	I.								

L,			 		ENDIA					
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
мо										
МТ								,		
NE				(
NV										
NH							-			
NJ								Γ		
NM	1							[
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APPENDIX

				APP	ENDIX					
1		2	3	T	4					
	to non-a	to sell accredited is in State a-ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No	
WY										
PR										